



## Complete Summary

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### TITLE

Diagnosis and treatment of chest pain and acute coronary syndrome (ACS): percentage of patients with acute myocardial infarction (AMI) receiving beta-blockers no later than discharge.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 79 p. [144 references]

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of patients with acute myocardial infarction (AMI) receiving beta-blockers no later than discharge.

### RATIONALE

The priority aim addressed by this measure is to increase the timely initiation of treatment to reduce post-infarction mortality in patients with acute myocardial infarction (AMI).

The rationale for development and reporting of this measure included two elements. Multiple post-myocardial infarction studies (Gusto, CCP) have shown that approximately half of the patients in which beta-blockers are indicated are actually given the drug. Multiple authors have identified under-utilization of beta-blockers as potentially increasing the likelihood of reinfarction and (as a result) increasing mortality rates. The Health Care Financing Administration (HCFA)-Cooperative Cardiovascular Project will be auditing use of beta-blockers in assessing hospital efforts for improving the care of patients with AMI. This rate should increase over time.

### PRIMARY CLINICAL COMPONENT

Acute myocardial infarction (AMI); beta-blockers

### DENOMINATOR DESCRIPTION

Number of patients with acute myocardial infarction (AMI) discharged in the measurement period

## NUMERATOR DESCRIPTION

Number of patients with acute myocardial infarction (AMI) receiving beta-blockers no later than discharge

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Process

#### SECONDARY MEASURE DOMAIN

Not applicable

#### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

#### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Diagnosis and treatment of chest pain and acute coronary syndrome \(ACS\).](#)

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Unspecified

### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

Internal quality improvement

### Application of Measure in its Current Use

#### CARE SETTING

Hospitals

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

#### TARGET POPULATION AGE

Age greater than or equal to 18 years

#### TARGET POPULATION GENDER

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Unspecified

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

#### BURDEN OF ILLNESS

Unspecified

#### UTILIZATION

Unspecified

#### COSTS

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

#### IOM CARE NEED

Living with Illness

#### IOM DOMAIN

Effectiveness  
Timeliness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Adults 18 and older diagnosed as having an acute myocardial infarction (AMI)

Plan A: It is highly recommended that data collection be completed on a real-time basis. This measure references all patients to improve process sensitivity at sites where few patients with AMI are routinely discharged in a given time period.

Plan B: Should real-time data collection present insurmountable institutional obstacles, consider retrospective chart review of all or a simple random sample of records of patients with AMI. A random sample is best employed in the presence of more than 30 discharges in a measurement period. If fewer than 30 discharges occur in a measurement period, consider examining all the records.

Use the Listing of Acute AMI Medications included in the original guideline (see the related National Guideline Clearinghouse [NGC] summary of the Institute for Clinical Systems Improvement [ICSI] guideline [Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome \(ACS\)](#)) to suggest relevant medication trade names and National Drug Code (NDC) codes.

Sites may use the AMI patient record included in the guideline as a stand-alone data collection tool (see the related NGC summary of the ICSI guideline [Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome \(ACS\)](#)). It is recommended that any inpatient collection document used be routed to a central clinical/hospital liaison at the time of patient discharge, and that all routing be independent of the patient medical record. Data collection forms can be forwarded to the medical group for analysis.

Data can be collected weekly or monthly.

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR (INDEX) EVENT

Clinical Condition  
Institutionalization

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Number of patients with acute myocardial infarction (AMI) discharged in the measurement period

#### Exclusions

Unspecified

### NUMERATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Number of patients with acute myocardial infarction (AMI) receiving beta-blockers no later than discharge

#### Exclusions

Unspecified

### DENOMINATOR TIME WINDOW

Time window is a single point in time

### NUMERATOR TIME WINDOW

Institutionalization

### DATA SOURCE

Administrative data

Medical record

Special or unique data

### LEVEL OF DETERMINATION OF QUALITY

Individual Case

### PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

Percentage of patients with AMI receiving beta-blockers no later than discharge.

#### MEASURE COLLECTION

[Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome \(ACS\) Measures](#)

#### DEVELOPER

Institute for Clinical Systems Improvement

#### ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

2004 Nov

#### MEASURE STATUS

This is the current release of the measure.

#### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 79 p. [144 references]

#### MEASURE AVAILABILITY

The individual measure, "Percentage of patients with AMI receiving beta-blockers no later than discharge," is published in "Health Care Guideline: Diagnosis and

Treatment of Chest Pain and Acute Coronary Syndrome (ACS)." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## NQMC STATUS

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